

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.H.	72192	5/4/98
O.I.P.E. CLASSIFIER	B.B.	48	5/5/98
FORMALITY REVIEW	M. Day	66080	5/14/98

INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) Canceled
- ± ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date				
Final	Original	10	12	20	21
1	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓
20	✓	✓	N	N	✓
21	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓
23	✓	✓	✓	✓	✓
24	✓	✓	✓	✓	✓
25	✓	✓	✓	✓	✓
26	✓	✓	✓	✓	✓
27	✓	✓	✓	✓	✓
28	✓	✓	✓	✓	✓
29	✓	✓	✓	✓	✓
30	✓	✓	✓	✓	✓
31	✓	✓	✓	✓	✓
32	✓	✓	✓	✓	✓
33	✓	✓	✓	✓	✓
34	✓	✓	N	N	✓
35	✓	✓	N	N	✓
36	✓	✓	N	N	✓
37	✓	✓	✓	✓	✓
38	✓	✓	✓	✓	✓
39	✓	✓	✓	✓	✓
40	✓	✓	✓	✓	✓
41	✓	✓	✓	✓	✓
42	✓	✓	✓	✓	✓
43	✓	✓	✓	✓	✓
44	✓	✓	✓	✓	✓
45	✓	✓	✓	✓	✓
46	✓	✓	✓	✓	✓
47	✓	✓	✓	✓	✓
48	✓	✓	✓	✓	✓
49	✓	✓	✓	✓	✓
50	✓	✓	✓	✓	✓

Claim	Date				
Final	Original	10	12	20	21
51	✓	✓	✓	✓	✓
52	✓	✓	✓	✓	✓
53	✓	✓	✓	✓	✓
54	✓	✓	✓	✓	✓
55	✓	✓	✓	✓	✓
56	✓	✓	✓	✓	✓
57	✓	✓	✓	✓	✓
58	✓	✓	✓	✓	✓
59	✓	✓	✓	✓	✓
60	✓	✓	✓	✓	✓
61	✓	✓	✓	✓	✓
62	✓	✓	✓	✓	✓
63	✓	✓	✓	✓	✓
64	✓	✓	✓	✓	✓
65	✓	✓	✓	✓	✓
66	✓	✓	✓	✓	✓
67	✓	✓	✓	✓	✓
68	✓	✓	✓	✓	✓
69	✓	✓	✓	✓	✓
70	✓	✓	✓	✓	✓
71	✓	✓	✓	✓	✓
72	✓	✓	✓	✓	✓
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74	✓	✓	✓	✓	✓
75	✓	✓	✓	✓	✓
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77	✓	✓	✓	✓	✓
78	✓	✓	✓	✓	✓
79	✓	✓	✓	✓	✓
80	✓	✓	✓	✓	✓
81	✓	✓	✓	✓	✓
82	✓	✓	✓	✓	✓
83	✓	✓	✓	✓	✓
84	✓	✓	✓	✓	✓
85	✓	✓	✓	✓	✓
86	✓	✓	✓	✓	✓
87	✓	✓	✓	✓	✓
88	✓	✓	✓	✓	✓
89	✓	✓	✓	✓	✓
90	✓	✓	✓	✓	✓
91	✓	✓	✓	✓	✓
92	✓	✓	✓	✓	✓
93	✓	✓	✓	✓	✓
94	✓	✓	✓	✓	✓
95	✓	✓	✓	✓	✓
96	✓	✓	✓	✓	✓
97	✓	✓	✓	✓	✓
98	✓	✓	✓	✓	✓
99	✓	✓	✓	✓	✓
100	✓	✓	✓	✓	✓

Claim	Date				
Final	Original	10	12	20	21
110					
112					
113					
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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